

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION**

NATIONAL INSTITUTE OF FAMILY)
AND LIFE ADVOCATES; WOMEN'S)
HELP SERVICES D/B/A 1ST WAY LIFE)
CENTER & FOCUS WOMEN'S)
CENTER; ROCKFORD FAMILY)
INITIATIVE; RELEVANT PREGNANCY)
OPTIONS CENTER, and PRO-LIFE)
ACTION LEAGUE, on behalf of)
themselves and their clients,) Case No.: 23-cv-50279
)
Plaintiffs,)
)
v.)
)
KWAME RAOUL, in his official capacity)
as Attorney General of the State of Illinois,)
)
Defendant.)
)

DECLARATION OF PROFESSOR MICHAEL NEW

I, Professor Michael New, on oath, state as follows:

1. I am over 18 years of age and otherwise competent to make this Declaration.
2. I am an Assistant Professor of Practice at The Busch School of Business at The Catholic University of America, teaching undergraduate courses in economics.
3. As noted in the CV attached hereto as Exhibit A, I hold a bachelor's degree from Dartmouth College, where I double-majored in economics modified with math and government, graduating *magna cum laude* and being invited to membership in Phi Beta Kappa. I also hold a master's degree in statistics and a Ph.D. in political science from Stanford University.
4. Also, as noted in my CV, I have published, taught, and researched extensively on economic issues in relation to state and federal legislative and regulatory policy on abortion.

5. I have reviewed Senate Bill 1909.

6. It is my professional opinion that the text of Senate Bill 1909 makes misleading statements about A) the risk of abortion relative to childbirth and B) the overall health risks associated with abortion.

7. The text of Senate Bill 1909 states “that risk of death associated with childbirth is approximately 14 times higher than the risk of death associated with an abortion” This statistic likely comes from a 2012 *Obstetrics and Gynecology* article by Elizabeth Raymond and Dr. David Grimes.

8. It should be noted that Dr. David Grimes, one of the co-authors of the 2012 *Obstetrics and Gynecology* article is a public advocate in favor of liberalizing abortion policy, including opposing laws that require parental notice prior to a minor’s abortion, prohibit later-term abortions, prohibit taxpayer funding of elective abortions, and impose informed consent requirements. *See e.g.*, Archer, David F., Grimes, David A., et al., (2013) "A Statement on Abortion by 100 Professors of Obstetrics: 40 Years Later." *American Journal of Obstetrics and Gynecology* 209(3): 193-199. While that by itself does not invalidate his findings, Grimes is not neutral on the underlying issue of abortion.

9. More importantly, as someone who has conducted peer reviewed research that has been published in academic journals, served on the editorial board of a competitive academic journal and refereed journal articles for 14 academic journals, I can confidently opine that the claim that the risk of death associated with childbirth is 14 times greater than the risk of death associated with abortion stems from a research methodology with numerous critical weaknesses.

10. Raymond and Grimes obtain data on maternal deaths due to abortion from 1998 to 2005 from an article entitled “Abortion Surveillance 2007” in *Mortality and Morbidity Weekly Report* published by the Centers for Disease Control (CDC).

11. This is a flawed way to obtain abortion mortality data. First, federal abortion reporting requirements are weak and not every state reports abortion data to the CDC. California, the most populous state in the country and a state known for its permissive abortion laws, has not reported any abortion data to the CDC since 1997. Other states including New Hampshire, Maryland, New Jersey, and New Hampshire also frequently fail to report abortion data. As such, abortion mortality data from these states is incomplete.

12. Additionally, only 28 states require abortion facilities to report post-abortion complications (Guttmacher Institute 2023). Furthermore, even among those states that do report abortion complications, there exist legitimate questions about the reliability of this data as there is no national mandate to report abortion complications.

13. There are also concerns about the reliability of data used by Raymond and Grimes to count the number of abortions performed in the United States. Raymond and Grimes obtain abortion data from 1998 to 2005 from estimates published by the Guttmacher Institute. Guttmacher obtains abortion data from periodic surveys of abortion facilities. Compliance with these Guttmacher surveys is voluntary and hence there are concerns about the accuracy and reliability of this data.

14. There are also a number of methodological problems with how Raymond and Grimes calculate maternal mortality rates.

15. Raymond and Grimes only count women whose pregnancies resulted in births to live children. They ignore women who survive miscarriages and stillbirth. This inflates their maternal mortality rate.

16. The CDC calculates maternal mortality rates by “identifying all deaths occurring during pregnancy or within 1 year of pregnancy.” As such, women who died due to factors unrelated to childbirth are included in the CDC statistics. Raymond and Grimes include these cases which also inflates the maternal mortality rate for childbirth.

17. It should be also noted that many of the health risks involved with abortion including substance abuse, cancer, suicide ideation, and future pregnancy complication, occur over an extended time period and would not be included in the abortion mortality statistics used by Raymond and Grimes. This causes them to underestimate abortion mortality.

18. The United States has no national health registry which tracks various health care interventions and treatments with deaths. However, Scandinavian countries do have such registries. Four studies using comprehensive data from Scandinavian countries find strong statistical evidence that abortion is associated with a higher risk of mortality than childbirth.

19. A 2012 *Medical Science Monitor* study of 463,473 Danish women using birth and death registry records for a span of 25 years, found that women who had obtained abortion at less than 12 weeks gestation had higher cumulative mortality rates from 180 days to 10 years later than women who carried pregnancies to term. Specifically, ten years after the pregnancy outcome, the death rate of women who obtained early abortions was over 59 percent higher than the death rate for women who gave birth. This difference exceeded conventional standards of statistical significance. Similarly, the death rate of women who obtained late abortions was over

175 percent higher than the death rate for women who gave birth. This difference also achieved conventional standards of statistical significance.

20. A second study which appeared in the *European Journal of Public Health* in 2013 used the same Danish health registry. It found increased risk of death for women who obtained abortions when compared to those who carried pregnancies to term. Specifically, women whose pregnancies all resulted in abortions faced a 66 percent increase in the risk of death when compared to women whose pregnancies all resulted in births. This increase in the risk of death achieved conventional standards of statistical significance.

21. A 2004 study which appeared in the *American Journal of Obstetrics and Gynecology* used data from a public health registry in Finland. It found the age adjusted mortality rate for women who obtained abortion was 2.94 times higher than for women who gave birth.

22. A 2005 study which appeared in the *European Journal of Public Health* also used also used data from a public health registry in Finland. It found that women who obtained abortions had six times higher age adjusted suicide rate, four times higher age adjusted accidental death rate, and 10 times higher age adjusted homicide rate compared to other women.

23. Similarly, a 2002 *Southern Medical Journal* study which used comprehensive data from California's Medicaid program found that there were higher death rates associated with abortion rather than childbirth. Among women with only one known pregnancy, women who obtained an abortion had an age adjusted risk of death that was over 60 percent higher than women who gave birth. The age adjusted relative risk between the two groups of women achieved conventional standards of statistical significance.

24. The text of Senate Bill 1909 states “advertisements and information given by these organizations provide grossly inaccurate or misleading information overstating the risks associated with abortion, including conveying untrue claims that abortion causes cancer.”

25. There is a broad body of academic research which shows that abortion is positively associated with an increase the risk of breast cancer. The Breast Cancer Prevention Institute reviewed 76 studies on the “abortion breast cancer link” that were published before 2020. Of these 76 studies, 61 found that abortion was positively associated with the risk of obtaining breast cancer. Additionally, 41 found that the positive association reached conventional levels of statistical significance.

26. The Breast Cancer Prevention Institute also reviewed 5 meta-studies on the abortion breast cancer link. Meta-studies compile the results of multiple studies. Three of the five meta studies found that abortion was positively associated with the risk of obtaining breast cancer. In all three of the studies, the results achieved conventional levels of statistical significance.

27. The study that is most often cited by scholars who dispute the link between abortion and breast cancer is the Melbye study, which was published in the *New England Journal of Medicine* in 1997. However, this study did find that abortions performed after 12 weeks gestation increase the risk of breast cancer. It also found that abortion performed after 18 weeks gestation result in a statistically significant increase in the risk of breast cancer.

28. All of the sources cited, methods employed, and statistics provided here are typical and unremarkable for use in my field of expertise. My calculations rely upon the accuracy of the provided sources.

REFERENCES

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FURTHER DECLARANT SAYETH NAUGHT.

VERIFICATION

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 11, 2023


Michael New
Professor Michael New